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Patent
Attorney Docket: 895,675-173

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

KLINGENSMITH et al.

Serial No.: 10/649,473

Filed: August 26, 2003

For: **SYSTEM AND METHOD FOR
IDENTIFYING A VASCULAR
BORDER**

TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Power of Attorney By Assignee. Applicant requests that a copy of the enclosed Power be entered for the above-referenced patent.

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I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as First Class Mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

June 28, 2004

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IR1:1055970.1

Cynthia B. Pacheco

Cynthia B. Pacheco

Patent
Attorney Docket: 895,675-173

The Commissioner is hereby authorized to charge any fees that may be required, or credit
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Respectfully submitted,

O'MELVENY & MYERS LLP

Dated: 6/23/04

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Patent
Attorney Docket 895,675-173

POWER OF ATTORNEY
By Assignee

The Cleveland Clinic Foundation, assignee(s) of the application for United States Letters Patent for an improvement in

SYSTEM AND METHOD FOR IDENTIFYING A VASCULAR BORDER
by Klingensmith et al.

the specification of which:

is filed herewith, OR
 was filed on August 26, 2003, having U.S. Patent Application Serial No. 10/649,473,

does hereby appoint as my attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefor before any competent International Authorities in connection with any international patent application(s) corresponding to the above-identified application, all of the registered practitioners identified by Customer Number 34263:

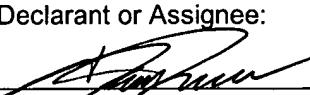
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Please send all correspondence to the attention of John Kappos, at the above Customer Number, and direct all telephone calls to (949) 737-2900.

I, the undersigned, declare that I have reviewed copies of the documentary evidence establishing chain of title to the patent application identified above from the inventor(s) to the assignee(s), which:

is filed for recordation herewith; or
 was recorded at Reel ____, Frame ____; or
 has been sent for recordation under separate cover, copy attached herewith.

To the best of the undersigned's knowledge and belief, title is in the assignee(s) identified above. Furthermore, the undersigned is empowered to sign this document on behalf of the assignee(s).

Full Name of Assignee: The Cleveland Clinic Foundation	
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Signature of Declarant or Assignee: 	Date: 10/16/03
Full Name of Declarant	
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